

# PSJ3

## Exhibit 56

4/30/96

## THE PURDUE FREDERICK COMPANY—MEDICAL EDUCATION DEPT

100 Connecticut Avenue, Norwalk, CT 06850

Speaker Confirmation &amp; Follow-Up Form

PF Track No. AM10558

Date: 9/25/96

Time: 6:00 pm

Type of Meeting:

CCPI meeting

Location: Hospital/Organization (Provider):

Connecticut Cancer Pain Initiative/American Cancer Society (CCPI/ACS)

Address/City/State:

Trumbull, CT (Trumbull Marriott)

Topic Requested:

Death in America Project

## Lecture Confirmation Information:

Spkr:

Kathleen Foley, MD

Addr:

Memorial Sloan Kettering

1275 York Avenue, Box 52

New York, NY 10021

Because of regulatory considerations, please be advised that if during your talk, you discuss any of our products, this should be within only the framework of approved labeling and approved recommended indications and uses for the product.

Audience Anticipated: Approximately (#) 60

(Type) nurses, physicians, pharmacists

If you have any questions, please call Ilene Siegler at (203) 854-7243

## Financial Support Information:

Type (as directed by Provider): (x) Direct To Speaker; () Funding To Provider

Travel Agency Arrangements: () Not applicable in funding; (x) Not Required;

() Direct billing to PF not permitted by Provider;

() Required—Only arrangements made through Wagonlit Travel (800/745-3210) will be covered

Follow-Up Information: (Completed By Speaker Post-Lecture And Returned In Enclosed Envelope)

## Program Assessment By Speaker:

Topic Presented (if different than above) Cancer Pain &amp; The Physician/Permitting Suicide Debaters

{Scale: 1 (poor) 2 3 4 5 (excellent)}

Audience: Size 100 Reaction good Knowledge of Topic high How helpful was PF Rep to you? Very

In a few words, please give us your overall impression of the program:

Bob and I worked together

## Financial Reimbursement Information:

REDACTED

Check payable to: ()

Kathleen Foley, MD;

SSN

or Tax ID #

Memorial Sloan Kettering, 1275 York Avenue, Box 52, New York, NY 10021

() Other: Name:

Tax ID #

Address:

Honorarium: \$1000.00 (1099)

Details:

Mileage (\$0.30/mile)

Expenses: \$ (Bypass 1099)

Tolls/Parking

Hotel

Meals

Other

Grand Total:

\$1000.00

PLEASE ATTACH RECEIPTS

Signed (Speaker):

Date:

10/6/96

(For PF Office Use Only) Date To Accounting Dept

10/12/96

Requested By Ilene Siegler

Description: 9/25/96, Trumbull, CT (Trumbull Marriott)

General Ledger No.: 671304800

M/E

PFLP/0208 ( )

PF/0101 ( )

PF/2094

Approved by:

Med Ed Use

drcnfrm doc

11-6-96

8102655489

PDD1701566930

CONFIDENTIAL - SUBJECT TO PROTECTIVE ORDER

PKY180784295

~~ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED~~

Date Request  
Received

Tracking  
No.

AM 10558

Requesting  
Rep.

MURPHY

Logged  
Eval

Talk  
Approved

Talk  
Date

9/25/96

Speaker:

Foley

Date of Confirmation  
with Institution

Notes:

Kathleen Foley,  
MD

Memorial Sloan  
Kettering

Date of Confirmation  
with Speaker

1275 York Ave.

Notes:

4/17 Exped Request

Box 52

N.Y., NY 10021

212 639 7050

Confirm Letter

Date of Confirmation  
with Rep

Notes:

Wendy Susan  
Richter

Reminder Target:

Reminder Actual:

Speakers: Bureau ( )  
Corporate

Director

Thank You Target:

Thank You Actual:

Honorarium for this Talk:

1000

8102655490

PDD1701566931

CONFIDENTIAL - SUBJECT TO PROTECTIVE ORDER

PKY180784296

Kathleen Foley,  
MD

Memorial Sloan  
Kettering  
1275 York Ave.

Box 52

N.Y., NY 10021  
212 639 7050

Wendy Susan  
Richter

8102655491  
PDD1701566932

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PKY180784297

SPEAKERS BUREAU CONFIRMATION RECORD

Date Request  
Received \_\_\_\_\_

Tracking  
No. \_\_\_\_\_

AM 10558

Requesting  
Rep. \_\_\_\_\_

MURPHY

Talk  
Approved \_\_\_\_\_

Logged  
Eval \_\_\_\_\_

Talk  
Date \_\_\_\_\_

9/25/96

Speaker: \_\_\_\_\_

Foley

Date of Confirmation  
with Institution \_\_\_\_\_

4/26

Notes:

Date of Confirmation  
with Speaker \_\_\_\_\_

4/22 FAXED

Notes:

4/17 Canceled Request

YES  
Proctor

Confirm Letter \_\_\_\_\_

Date of Confirmation  
with Rep \_\_\_\_\_

Notes:

Reminder Target: \_\_\_\_\_

Reminder Actual: \_\_\_\_\_

Thank You Target: \_\_\_\_\_

Thank You Actual: \_\_\_\_\_

Speakers Bureau ( )  
Corporate ( )

Honorarium for this Talk: \_\_\_\_\_

Director

1000

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PKY180784298

>>>> From : 3407 96-02-29 18:04:18 <<<<

MEDICAL EDUCATION DEPARTMENT:  
SPEAKER REQUEST FORM

DIRECTIONS:

- 1- All blanks must be completed for the request to be processed.
- 2- Send via E-Mail to box 9993.
- 3- Send (via E-Mail) a copy of this form to your District Manager and Regional Manager.
- 4- Speakers must be approved by the organization.
- 5- Fill out the speakers' program evaluation form after the meeting.

PROGRAM

PROGRAM DESCRIPTION OR NAME OF MEETING: CONNECTICUT CANCER PAIN  
INITIATIVE, A PROGRAM OF THE AMERICAN CANCER SOCIETY.

848

RECEIVED  
MAR 6 1996  
MAR 6 1996

212 639 2421

212717 3081

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CONFIDENTIAL - SUBJECT TO PROTECTIVE ORDER

PKY180784299

REQUESTED TOPIC FOR LECTURE: "DEATH IN AMERICA PROJECT."

DATE: SEPTEMBER 25, 1996

TIME: 6:00 PM

ALTERNATE DATE(S):

TIME:

TIME:

LOCATION (ADDRESS AND ROOM NUMBER): TRUMBULL MARRIOTT  
TRUMBULL, CT

IS THIS PART OF A FULL DAY PROGRAM?

(X/N)  
NO

SPONSORING ORGANIZATION: CCPI/ACS

ESTIMATE ATTENDANCE: 50-75

MDs: 20

PHARMS: 20

NURSES: 30-45

PA's

OTHERS:

ADDITIONAL REQUIREMENTS: NONE

PROGRAM CONTACT(S)

NAME OF PERSON RESPONSIBLE FOR MEETING: SUSAN RICHTER  
DIRECTOR, ACS/CCPI  
14 VILLAGE LANE  
WALLINGFORD, CT 06492

TITLE: DIRECTOR OF ACS/CCPI

STREET: 14 VILLAGE LANE

CITY: WALLINGFORD

STATE: CT

ZIP: 06492

TELEPHONE: (203)265-7161

DIFFERENT THAN ABOVE: | MEETING CONTACT (IF

TITLE:

8102655494  
PDD1701566935

CONFIDENTIAL - SUBJECT TO PROTECTIVE ORDER

PKY180784300

STREET:

CITY:

STATE:

ZIP:

TELEPHONE: ( )

SPEAKER REQUESTED:

SPEAKER LOCATION:

KATHLEEN FOLEY

MEMORIAL SLOAN KETTERING

TRAVEL REQUIREMENTS: SITE IS IN DRIVING DISTANCE

ESTIMATED DISTANCE AND TIME FROM THE PROGRAM SITE FOR SPEAKER CHOICE #1:

MILES (ONE WAY): UNSURE

TIME: 1.5 HOURS

MATERIALS

HOW MANY BULLETIN BOARD NOTICES DO YOU WANT? 30

HOW MANY INVITATIONS DO YOU WANT? 30

SUBMITTED BY

REPRESENTATIVE TERRITORY #: #3400407

NAME: ALISON MURPHY

DATE OF REQUEST: 2/29/96

APPROVAL

MEDICAL EDUCATION DEPARTMENT

YES

NO

NAME:

DATE:

FOR MEDICAL EDUCATION DEPARTMENT USE ONLY:

8102655495  
PDD1701566936

CONFIDENTIAL - SUBJECT TO PROTECTIVE ORDER

PKY180784301



**REQUEST FOR GROUND TRANSPORTATION****TO: PERSONNEL DEPARTMENT****DATE:** 9/20/96**FROM:** ILSE SIEGLER

400

**PICK-UP INFORMATION****DATE:** 9/25/96**TIME:** 1:30 PM**LOCATION:**

<b>Airport:</b> _____	<b>Other: (Include Street Address)</b>
<b>Airline:</b> _____	<u>Memorial Sloan Kettering</u>
<b>Flight No.</b> _____	<u>1275 York Avenue</u>
	<u>New York, NY</u>

York entrance

**NO. OF INDIVIDUALS TO BE PICKED-UP:** 1**NAME(S) OF INDIVIDUALS TO BE PICKED-UP:** Kathleen Foley MD

6245684

**DESTINATION:**  
(Include Street Address)
Trumbull Marriott  
180 Hawley Lane  
Trumbull CT
**SPECIAL INSTRUCTIONS:**Marriott by 6:00 pmNeeds to be at Trumbull**IF RETURN TRANSPORTATION IS REQUIRED, PLEASE COMPLETE FOLLOWING:****RETURN INFORMATION****DATE:** 9/25/96**TIME:** 9:30 pm**LOCATION:**  
(Include Street Address)
Trumbull Marriott  
180 Hawley Lane  
Trumbull CT
**NO. OF INDIVIDUALS TO BE PICKED-UP:** 1**NAME(S) OF INDIVIDUALS TO BE PICKED-UP:** Kathleen Foley MD**DESTINATION:**

<b>Airport:</b> _____	<b>Other: (Include Street Address)</b>
<b>Airline:</b> _____	<u>Memorial Sloan Kettering</u>
<b>Flight No.</b> _____	<u>1275 York Avenue</u>
	<u>New York, NY</u>

**SPECIAL INSTRUCTIONS:**

Please retain PINK copy for your records.

8102655496

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CONFIDENTIAL - SUBJECT TO PROTECTIVE ORDER

PKY180784302

2/6/95SF

4/30/96

**THE PURDUE FREDERICK COMPANY—MEDICAL EDUCATION DEPT****100 Connecticut Avenue, Norwalk, CT 06850****Speaker Confirmation & Follow-Up Form**PF Track No. **AM10558**Date: **9/25/96**Time: **6:00 pm**Type of Meeting: **CCPI meeting**

Location: Hospital/Organization (Provider):

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Address/City/State:

**Trumbull, CT (Trumbull Marriott)**

Topic Requested:

**Death in America Project****Lecture Confirmation Information:**

Spkr:

**Kathleen Foley, MD**

Addr:

**Memorial Sloan Kettering****1275 York Avenue: Box 52****New York, NY 10021**

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Audience Anticipated: Approximately (#) **60**(Type) **nurses, physicians, pharmacists**If you have any questions, please call **Ilene Siegler at (203) 854-7243****Financial Support Information:**

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Audience: Size \_\_\_\_\_ Reaction \_\_\_\_\_ Knowledge of Topic \_\_\_\_\_ How helpful was PF Rep to you? \_\_\_\_\_

In a few words, please give us your overall impression of the program: \_\_\_\_\_

**Financial Reimbursement Information:****Check payable to: ( )****Kathleen Foley, MD;**

SS# \_\_\_\_\_

or Tax ID # \_\_\_\_\_

**Memorial Sloan Kettering, 1275 York Avenue: Box 52, New York, NY 10021**

( ) Other: Name: \_\_\_\_\_

Tax ID # \_\_\_\_\_

Address: \_\_\_\_\_

Honorarium: **\$1000.00**

(1099)

Details:

Mileage (\$0.30/mile)

Expenses: **\$**

(Bypass 1099)

Tolls/Parking

Hotel

Meals

Other

Grand Total: **\$****PLEASE ATTACH RECEIPTS**

Signed (Speaker): \_\_\_\_\_

Date: \_\_\_\_\_

**(For PF Office Use Only) Date To Accounting Dept** \_\_\_\_\_**Requested By Ilene Siegler****Description: 9/25/96, Trumbull, CT (Trumbull Marriott)****General Ledger No.: 671304800****M/E****PPLP/0208 ( )****PF/0101 ( )****PP/209( )****Approved by: \_\_\_\_\_****Med Ed Use \_\_\_\_\_**

drconfm.doc

8102655497  
PDD1701566938

CONFIDENTIAL - SUBJECT TO PROTECTIVE ORDER

PKY180784303